

FILED DEC 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43785

STATE FILE NUMBER

Registration District No. #67 Primary Registration District No. 6260 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Chadwick Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Chadwick Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR Residence 59 years INSTITUTION				d. STREET ADDRESS (If outside, give location) Reside on Farm no street address Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MATTIE Middle ANDERSON Last ATKINSON				4. DATE OF DEATH Month Nov. Day 27 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 21, 1873	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) Strafford, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Richard M. Jones				14. MOTHER'S MAIDEN NAME Nannie Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Charles Atkinson, Chadwick, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Poisoning DUE TO (b) Chronic Hypertension DUE TO (c) Cerebrovascular Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221						INTERVAL BETWEEN ONSET AND DEATH 0	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 12:20 Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Nov. - 1957		20f. CITY, TOWN, OR LOCATION Nov. 27-1957		COUNTY Christian STATE Mo	
21. I attended the deceased from Nov. - 1957 to Nov. 27-1957 and last saw her alive on Nov. 26-57 Death occurred at 12:20 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Physician or other) Harriet Wilson				22b. ADDRESS St. Louis, Mo.		22c. DATE SIGNED Dec. 6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/30/1957		23c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery		23d. LOCATION (City, town, or county) (State) Strafford, Missouri	
24. FUNERAL DIRECTOR ADDRESS Harris Funeral Home, Clever, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 11/57		26. REGISTRAR'S SIGNATURE Nannie Day.	

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1959

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 439

P. O. Address.....Cleveland, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.